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ABSTRACT

This report responds to a California Senate directive to the state's postsecondary education commission to examine the extent to which health care is accessible and equitably distributed throughout the state. The Commission, in conjunction with several state agencies and the University of California, conducted an analysis and offered 11 recommendations to achieve the policy goal of access to medical care for all California residents and communities. Recommendations emphasize the link between educational experiences and the supply and choice of physicians. Introductory material describes the collaborative process of the study and the context for the Commission's recommendations and is based on equity as the fundamental Commission principle. The recommendations on expanding accessibility of health care are grouped into six categories: (1) precollege strategies; (2) undergraduate education; (3) admission to medical school; (4) medical school; (5) transition to practice; and (6) evidence of effectiveness. Appended are the text of the Senate resolution authorizing the investigation and an executive summary which groups recommendations into those for the short-term, mid-term, and long-term. (DB)

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ED 429 505

RECOMMENDATIONS ON STRATEGIES TO ENHANCE THE DELIVERY OF HEALTH CARE TO ALL CALIFORNIANS

CALIFORNIA POSTSECONDARY EDUCATION COMMISSION

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HE 031 997

APRIL 1999 COMMISSION REPORT 99-1

California Postsecondary Education Commission

Summary

Senate Concurrent Resolution 23 (Polanco) directed the Commission to examine the extent to which health care is accessible and equitably distributed throughout California. Further, the resolution indicated that "access to medical care for all California residents and all communities regardless of considerations of race, income, or geography should be a high priority policy goal". As such, the Commission was mandated to develop recommendations on innovative strategies and incentive programs to encourage physicians to practice in geographic areas where health needs are underserved.

To that end, the Commission, in conjunction with several State agencies and the University of California, conducted an analysis of the situation which is contained in *Strategies for Increasing Physician Supply in Medically Underserved Communities in California* authored by the Center for California Health Workforce Studies of the University of California. Based upon that report and with particular attention to the link between educational experiences and the supply and choices of physicians, the Commission offers 11 recommendations to achieve the policy goal stipulated above.

The Commission adopted this report at its meeting on April 12, 1999. Questions about the substance of this report may be directed to Penny Edgert at 916-322-8028, or through e-mail at pedgert@cpec.ca.gov. Copies of the report may be obtained by writing the Commission at 1303 J Street, Suite 500, Sacramento, CA. 95814-2938; or by telephone at 916-445-7933.

RECOMMENDATIONS ON STRATEGIES TO ENHANCE THE DELIVERY OF HEALTH CARE TO ALL CALIFORNIANS

The Commission's Response to Senate Concurrent Resolution 23

CALIFORNIA POSTSECONDARY EDUCATION COMMISSION
1303 J Street • Suite 500 • Sacramento, California 95814-2938

COMMISSION REPORT 99-1
PUBLISHED APRIL 1999

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1 Introduction

IN 1997, Senator Richard Polanco authored Senate Concurrent Resolution 23 that directed the California Postsecondary Education Commission to examine the extent to which health care is accessible and equitably distributed throughout California. The resolution further stipulated that "access to medical care for all California residents and all communities regardless of considerations of race, income, or geography should be a high priority policy goal". Because of that stipulation, the resolution directed the Commission, in conjunction with several State agencies and the University of California, to develop recommendations that include:

- innovative strategies and incentive programs that will encourage physicians and other health care professionals to practice in geographic areas where health needs are underserved; and,
- academic and administrative policies and programs currently employed in California's medical schools that require modifications to achieve the goal of educational access to health professions for future physicians who are likely to provide health care for all California communities, including those that are underserved.

A copy of that resolution is contained in Appendix A of this report.

A collaborative process

The Commission has collaborated with a number of State agencies whose assistance has proven invaluable in responding to this legislative directive, especially because the Commission had neither the specific expertise nor experience in the health care field to conduct the breadth and depth of analyses required by the resolution. Among those agencies whose expertise and experience the Commission relied upon in this study are:

- The California Policy Seminar that financially supported the study and offered solid advice on its preparation;
- The California Research Bureau that conducted a comprehensive literature search of existing programs and policies;
- The Office of Statewide Health Planning and Development that shared its expertise and knowledge of the past and current efforts that address this policy imperative; and,
- The Office of the President of the University of California that provided considerable information on its programs and policies as well as offered advice on the intervention strategies that could result in distributing health care in a more equitable manner throughout this state.

The Commission especially appreciates the efforts of the Center for California Health Workforce Studies of the University of California, San Francisco. Dr. Kevin Grumbach and Janet Coffman, with able assistance from Ruth Liu, Beth Mertz, and Karen Vranizan, conducted the analyses and offered the recommendations that are contained in *Strategies for Increasing Physician Supply in Medically Underserved Communities in California*. That report -- a result of their expertise, knowledge, and collaborative spirit -- forms the basis of the Commission's response to Senate Concurrent Resolution 23. This report will be published by the California Policy Seminar under separate cover; additionally, this report was Agenda Item 7 of the Commission's December 7, 1998 meeting.

Despite the collaborative process through which the Center's report was produced, the Commission is the independent and non-partisan body to which this resolution was directed. As such, while the agencies listed above collaborated in producing the report from the Center for California Health Workforce Studies, the Commission takes full responsibility for the comments and recommendations that it offers in Section 3 of this agenda item.

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2 Context for the Commission's Recommendations

THE COMMISSION'S enduring commitment to equity -- whether it be within the educational enterprise or in other policy arenas -- is the essential prism through which it examines myriad issues, including the issue of accessibility to health care in California. Additionally, the findings and recommendations from *Strategies for Increasing the Physician Supply in Medically Underserved Communities in California* provide the foundation for the Commission's recommendations.

The findings and conclusions from the Center's study

The Executive Summary of the Center's study, which is reproduced in Appendix B of this report, contains the following major findings and conclusions:

- California has an adequate supply of physicians but their inequitable distribution across the state disadvantages over four million Californians, particularly those in rural areas and inner city communities with large numbers of Black and Latino residents.
- Medical scho udents from rural communities, low-income families, and Black and Latino neig,,oorhoods are more likely than others to practice medicine in the communities in which they were raised.
- The recent decline in enrollment in medical schools of students from communities that are underserved with respect to health care presents a challenge because these are the physicians-in-training most likely to return to their neighborhoods to practice.
- Because distributing health care professionals across California in a more equitable manner than is currently the case is a complicated and complex issue, a comprehensive and multi-faceted strategy should be developed and implemented. Policy interventions should be directed at various points along the continuum that leads to the distribution of physicians through the state. In particular, there is leverage at three points in that continuum -- entry to medical school, medical school experience, and the transition to, and experience in, medical practice. Developing incentives to encourage physicians to practice in medically underserved areas may produce the most immediate results, while expanding the pool of students who graduate from medical school requires a much longer timeframe to yield the desired outcome. However, both of these efforts must be part of a comprehensive strategy in addition to a focus on enhancing the preparation in medical school for practice in medically underserved areas.

- The state, in conjunction with the federal government, public institutions, and the private sector, has a responsibility to develop initiatives and programs that ensure that health care is an accessible service available equitably to Californians throughout the state.

Equity as a fundamental Commission principle

In June of 1998, the Commission adopted *Toward a Greater Understanding of the State's Educational Equity Policies, Programs, and Practices*. The fundamental conclusion of that report is that educational resources and opportunities are inequitably distributed throughout California and that inequity of distribution results in disparities in educational achievement -- a result that is antithetical to stated public policy goals. Based upon the results of its analysis, the Commission offered a series of recommendations to distribute educational opportunities and resources more equitably throughout the state, with the ultimate goal that the disparities in student outcomes would be minimized, if not eliminated, because all students would achieve at high levels.

The analysis and logic that led to that conclusion would appear to have relevance to the premise of Senate Concurrent Resolution 23. That is, if an important policy goal of the state is that all California residents -- irrespective of race, income, or geography -- should have access to health care, then the fundamental question that needs to be answered is:

> Are the resources and opportunities equitably distributed across this state to realize that public policy imperative and, if not, what actions can be taken to make progress in this regard?

Further, the availability of health care is directly related to educational opportunities and resources because educational attainment is the foundation for the preparation of physicians and other health care professionals. In that regard, educational equity and accessibility to health care are inextricably interlinked. The literature review in the Center's report and their recommendations indicate that physicians who were raised in rural communities, or who were from low-income families, or from Black and Latino neighborhoods, are far more likely to practice in those communities. Therefore, the consequences of our efforts to achieve educational equity have wide-ranging ramifications, especially in terms of meeting other policy objectives, such as expanding the accessibility of health care to all California residents. This perspective, then, is the premise upon which the Commission developed its recommendations.

Caveates about this perspective

The Commission offers three caveats about its perspective in framing the recommendations in this report:

1. The geographic distribution of physicians is only one of several facets of ensuring access to health care in California. Lack of health insurance as well as cultural and language differences, likewise, affect the extent to which there is equity in access to quality medical services in this state. However, Senate Concurrent Resolution 23 specifically focused on encouraging "physicians and other health

care professionals to practice in geographic areas where health needs are underserved". As such, this report addresses that specific issue, but with the recognition that these other factors are vital contributors to the current situation in which health care is inaccessible to large numbers of our residents, particularly Californians in rural communities, Black and Latino neighborhoods, and low-income areas.

2. The majority of the Commission's recommendations focus on the applicant pool to medical school and the medical school experience because of its specific expertise and experience. However, the recommendations in the Center's report on the practice environment itself are especially relevant in the short-term to achieve the goal of a more equitable distribution of health care professionals statewide. The Center's report offered recommendations about developing or expanding existing programs that seek to recruit and retain physicians in underserved areas. The Commission urges policy makers to consider these recommendations seriously in order that this state can make progress immediately in providing a more equitable distribution of health care professionals throughout California. Moreover, these practice environment strategies complement both the applicant pool and medical education interventions because they provide financial incentives to both recruit and retain physicians for underserved areas, particularly those who might not have been predisposed originally to practice in these locations.

3. Both the reports from the Center and the Commission have specifically addressed the issue of the distribution of physicians because of the language in Senate Concurrent Resolution 23. However, the recommendations offered by the Center and by this report are likely to address the more global goal of ensuring a more equitable distribution of health care professionals in general.

With these caveats in mind, the Commission offers its recommendations in the next section of this report.

3 The Commission's Recommendations on Expanding Accessibility of Health Care for All Californians

THE COMMISSION acknowledges and supports the set of recommendations presented in *Strategies for Increasing the Physician Supply in Medically Underserved Communities in California*, the study conducted by the Center for California Health Workforce Studies of the University of California, San Francisco. The Center's demonstrated expertise, coupled with the collaborative process described earlier in this report, convinces the Commission that all these recommendations emerged from a factual analysis of the situation and it supports their implementation in order to achieve the policy objective of enhancing access to health care for all Californians, as stipulated in Senate Concurrent Resolution 23.

However, the Commission specifically advocates the following recommendations because of their focus on the relationship between the availability of educational opportunities and resources and the current inequity in the distribution of health care throughout California:

Recommendation 1: The State, through the Office of Statewide Health Planning and Development and in conjunction with the federal government, educational institutions, and the private sector, should develop a comprehensive plan to ensure an equitable geographic distribution of health care professionals.

The path to becoming a physician is arduous, with many decision points along the way. Further, the choices that a qualified physician makes about his or her practice environment represents the culmination of other decisions and experiences during that journey. As a consequence, if greater equity in the distribution of health care in California is a policy imperative, then a comprehensive strategy to influence these experiences is essential. Beginning in elementary and secondary school, continuing in undergraduate training, through medical school, and during residency, students should be exposed to experiences -- individually and collectively -- that encourage and prepare them to practice in medically underserved areas. The plan must be comprehensive, systemic, and sensitive to the various influences that operate at different points on the continuum. To develop a comprehensive plan, the Governor and Legislature should designate the Office of Statewide Health Planning and Development to coordinate its development.

Because the Commission is convinced that achieving the policy goal of greater equity in the geographic distribution of health care is a complex process with various intervention points, the following recommendations are separated in much the same

fashion as those in the Center's report, although their ordering here reflects an educational pipeline that starts in the early elementary grades.

Pre-college strategies

Recommendation 2: The Governor and Legislature should establish and fund a program beginning in the early elementary grades and continuing through high school that encourages and prepares students to pursue health careers.

Modeled after the Mathematics, Engineering, Science Achievement (MESA) Program, the State should develop and implement a comprehensive statewide effort to provide academic support, motivation, and experiences that encourage and prepare students from underserved areas to pursue health careers. In developing such a program, the State should seek to combine the resources and expertise of the several distinct programs currently in existence in order to minimize duplication and incorporate their effective components into a more comprehensive approach to enhance the academic preparation of an expanding pool of students, particularly those from Black, Latino, low-income, and rural communities in the state. Among the efforts that the State should consider expanding is the concept of health career academies -- a concept that currently is operational in California.

Undergraduate education

Recommendation 3: The Governor and Legislature should establish a strong and coherent articulation program between community colleges and baccalaureate-granting institutions for students preparing to pursue health careers.

Over 75 percent of students from low-income, Black, and Latino backgrounds begin their college careers in community colleges. As such, community colleges are prime and fertile ground for identifying and academically supporting students so that they transfer to baccalaureate-granting institutions at which they can continue to fulfill the requirements for admissions to medical school, particularly through participation in a retention program, as discussed in the next recommendation.

Recommendation 4: The Governor and Legislature should implement an undergraduate retention program for students majoring in pre-medicine on at least every California State University and University of California campus and, to the extent that funds and authority are available, on independent college and university campuses.

Expansion of services similar to those offered by the Health Careers Opportunity Program -- a federally-funded undergraduate retention program that supports students from historically underrepresented backgrounds intending to pursue health careers -- would provide students with greater resources to achieve their goals. The Center's study indicated that, on one campus in California, over 70 percent of the students in this program who applied to health professions schools were admitted to medical school. As such, this program provides a model that could be replicated with State and institutional funds as an essential component of a comprehensive strategy to expand the pool of competitive students applying to medical schools.

Recommendation 5: The Governor and Legislature should expand state-funded financial aid programs, particularly grants and scholarships, and designate a portion of them for undergraduates preparing to be physicians.

Because the road to becoming a physician is financially expensive, the State should provide resources to those students who are prepared and intent on pursuing a health career to ensure that financial constraints do not inhibit qualified and interested students from continuing on this path. This aspect of a comprehensive State plan is particularly important because low-income students are often deterred from pursuing educational goals due to lack of financial resources and these students are precisely the potential physicians who might well choose to practice in their former neighborhoods in which accessibility to health care is most limited.

Admission to medical school

Recommendation 6: Medical schools in public and independent universities should review their admissions policies and practices to ensure that there is explicit consideration of the characteristics of applicants that are most likely to achieve the public policy goal of ensuring that there is an equitable geographic distribution of physicians throughout California.

As the Center notes,

> grades and test scores are not the only determinants of successful completion of medical education . . . Educational institutions in California . . . must place a special emphasis on considering applicant characteristics that are likely to predict future service to underserved populations in the state.

Given that the pool of students who apply to California's medical schools is extraordinarily rich in terms of academic preparation, the admissions process need not be formulaic. Rather, the competition is of such high caliber that medical schools can afford to continue, refine, and expand their consideration of the various qualities that will contribute, within legal constraints, to assisting the State to achieve the policy goal of access to health care for all Californians.

Recommendation 7: The Governor and Legislature should provide resources to support additional post-baccalaureate programs that assist students who have been unsuccessful on their first application to medical school with supplementary education in the sciences in order that they can develop a more competitive application for medical school.

Because application for medical school is extremely competitive, many highly qualified and talented students are denied admission on their first try. Built upon the effectiveness of some current efforts, this strategy may be especially productive in ultimately reaping rewards for the initial investment that prepares students to pursue health careers. In addition to State funds, institutional and private resources should be leveraged in implementing this recommendation.

Medical school

Recommendation 8: The Governor, Legislature, and medical schools should expand the amount of financial aid available to medical students who are most likely to practice in underserved areas.

As indicated earlier, medical school training is an expensive proposition, particularly for students from low-income backgrounds. Expansion of financial assistance to ease that burden may be especially beneficial to those medical students who are from backgrounds for which the cost of medical training is nearly prohibitive but who are most likely to return to underserved communities to practice. Both State-funded and institutional-supported grants and scholarships could further the supply of physicians with knowledge and commitment to these underserved areas of the state.

Recommendation 9: The Governor and Legislature should provide stable and long-term funding to reinstate previous efforts to encourage and prepare medical students and residents to practice in underserved areas.

In 1992, the federal government piloted a program to prepare medical students and residents to practice in underserved areas which included preceptorships and seminars about the challenges of medical shortage areas. The initial evaluative information suggests that the program increased the number of residents who chose to practice in underserved areas. As such, the State should provide a stable and long-term funding source to reinstate and expand this program.

Recommendation 10: The Governor and Legislature should establish a comprehensive program to encourage graduating medical students from across the country who were raised in communities underserved with respect to health care to undertake their residencies in California.

The Center's report documents that students from underserved areas are more likely to choose to practice in those areas. Moreover, residents often choose to practice in the communities in which they complete their medical training. Therefore, the State may well benefit from encouraging graduating medical students who are from underserved communities throughout the United States to enter residency programs in California, especially Californians who have received their medical school training beyond the state's borders. Expanding the resources currently available to the Song-Brown Family Physician Training Program to broaden its recruitment efforts may be an ideal strategy by which to implement this recommendation.

Transition to practice

Recommendation 11: The Governor and Legislature should expand existing financial incentives and develop new fiscal strategies to encourage physicians to practice in medically underserved areas.

As discussed earlier, the cost of attending medical school and completing residency requirements often serves as a barrier, particularly for students from low-income families in communities in which there are major accessibility issues with respect to health care. Therefore, the State should financially invest in reducing those barriers throughout the entire educational process that culminates in physi-

cian licensure but especially at the time that the new physician is choosing the type and location of practice. Programs such as the National Health Service Corps Federal Loan Repayment Program is an example of a current program that have used this strategy effectively to encourage new physicians to practice in underserved areas. The State should consider matching the federal funds in this program in order that more physicians and additional health care facilities could participate in this loan repayment program.

New strategies that may be effective in recruiting and retaining physicians in medically underserved areas include: salary augmentations, tax credits, and increased reimbursement rates for Medicaid and other health care programs that serve low-income patients. In considering these financial incentives, the State should solicit support from the private sector which has a vested interest in ensuring that their employees, irrespective of geographic location, have access to quality health care throughout California.

Evidence of effectiveness

The Commission's final recommendation appropriately centers on gathering evidence on the effectiveness of intervention strategies -- a focus integral to its first recommendation on developing a comprehensive strategy to achieve the policy goal of a more equitable distribution of health care professionals throughout California.

Recommendation 12: In developing a comprehensive plan to ensure a more equitable geographic distribution of health care professionals, the State should financially support and require evidence of effectiveness for each component and program in the plan.

While many of the programs and policies cited in the Center's study provide some evidence of effectiveness, there is a serious need to document the particular conditions under which specific interventions are successful. Such analysis is currently unavailable for most efforts, in large measure because the focus has been on implementation, rather than evaluation, of the programs. Nevertheless, if the State is to reach its goal, additional information that is subjected to careful analysis is essential.

Summary

Accessibility to quality health care for all continues to be "a"-- if not "the" -- defining aspect of an egalitarian society. The Center's report provides compelling evidence that there is inequitable access to health care today in California, among other reasons, because of the unevenness in the geographic distribution of physicians and other health care professionals. Because of the role of the educational enterprise in training physicians, the Commission was directed to study that specific issue. The fundamental conclusion is clear: Educational institutions at all levels, in conjunction with the State, the federal government, and the private sector, must commit to participating actively in developing, implementing, and funding a comprehensive strategy to ensure an equitable distribution of health care professionals throughout California. That commitment is essential if this state is to

reach the larger goal of ensuring accessibility to health care for all our residents -- a goal that has consequences both for our collective future and for each of us individually.

Raquel Arias, onetime San Joaquin Valley farmworker, became an undergraduate student at the University of California, Santa Cruz in the Fall of 1973 at the age of 16. The prevailing ethic on campus was an overriding sense of social responsibility to their communities. "We have a seething mass of people who don't have doctors, lawyers, teachers, and that was our job -- to try and fill those jobs". After graduating, Arias went on to UC Berkeley's School of Public Health where her area of research was how to deliver medical care to underserved areas by getting students who could relate to those areas into medical schools. After Berkeley, Arias entered USC's School of Medicine. She received a one-year "Exceptionally Needy" grant given by the federal government and three years of financing by the National Health Service (NHS), which requires service in underserved areas in exchange for its assistance.

When she finished her residency at USC in obstetrics and gynecology, Arias was ready to fulfill her NHS obligation, seeking a post in an underserved area. The opening was at the Childs Avenue Clinic, a poverty clinic serving many migrant workers -- and many of Arias' own relatives. The doctor who interviewed her concluded by asking her why she thought that she was right for the job. "Well", she replied, "I don't think anything could be more rewarding than working in the clinic where my own mother receives her health care". The doctor was stunned. "Your...mother...is...here?" "Yes", Arias replied, "you're her doctor".

Professional advancement ultimately took Arias back to Los Angeles and USC where she balances teaching and surgery, patients and Medical Board, county hospital and private practice, clinical and administrative duties in an area that is clearly underserved and in great need of competent and committed physicians.

Arias takes time out to recall the boost she got from the programs that made it all possible:

> I certainly realized that I was benefiting from society's largesse, but I wasn't quite sure why. I felt like I owed everybody something, and I was determined to pay it back. I just wasn't quite sure who to pay it to. I wasn't ever sure of where it came from. I guess what I figure I'm doing now is paying the cosmic bank."

Reaching for the Dream, American Civil Liberties Union, Pages 5-7.

Appendix A Senate Concurrent Resolution No. 23

Senate Concurrent Resolution No. 23

RESOLUTION CHAPTER 103

Senate Concurrent Resolution No. 23—Relative to minority enrollment in medical schools.

[Filed with Secretary of State September 12, 1997.]

LEGISLATIVE COUNSEL'S DIGEST

SCR 23, Polanco. Minority enrollment in medical schools.

This measure would request the University of California medical schools to report to the Regents of the University of California and to the California Postsecondary Education Commission the current status of ethnic minority enrollment in their respective schools, as specified. The measure also would request the commission, to the extent sufficient nonstate funds are available and in consultation with the California Research Bureau and the Office of Statewide Health Planning and Development, to develop recommendations for innovative strategies and incentive programs that will encourage physicians and other health care professionals to practice in geographic areas where health needs are underserved, as specified, and to issue a report to the Governor and the Legislature no later than June 30, 1998.

WHEREAS, Recent data indicates that California's medical schools have experienced a 19-percent reduction in underrepresented minority enrollment between 1995 and 1996; and

WHEREAS, This precipitous decline is inconsistent with both the spiraling growth of the state's underrepresented population, as well as with nationwide statistics that reveal a decline in minority enrollment in medical schools of only 5 percent over the same period; and

WHEREAS, According to a May 1996 report in the New England Journal of Medicine, recent studies reveal that physicians who are members of minority groups serve a critical role in serving California's minority populations due to their proclivity for electing to practice in communities with high proportions of minority residents; and

WHEREAS, Data also indicates poor urban communities have fewer physicians per capita than do more affluent areas; and

WHEREAS, Even among the state's rural areas, which, according to survey data, have 40 percent fewer physicians overall than urban areas, the supply of physicians was found to be lowest in areas with high percentages of underrepresented minorities; and

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WHEREAS, Access to medical care for all California residents and all communities regardless of considerations of race, income, or geography should be a high priority policy goal; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the University of California medical schools report to the Regents of the University of California and the California Postsecondary Education Commission the current status of ethnic minority enrollment in their respective schools; and be it further

Resolved, That this report shall include information on the number of underrepresented students who have applied, been admitted, and enrolled during the period from 1983 to 1997, inclusive, as well as a summary of the efforts made during this period to increase the representation of those student groups; and be it further

Resolved, That the State of California shall strive to broaden the diversity of enrollment in the area of primary care at the University of California medical schools; and be it further

Resolved, That the California Postsecondary Education Commission, to the extent sufficient nonstate funds are available and in consultation with the California Research Bureau and the Office of Statewide Health Planning and Development, shall develop recommendations for innovative strategies and incentive programs that will encourage physicians and other health care professionals to practice in geographic areas where health needs are underserved; and be it further

Resolved, That the California Postsecondary Education Commission, in developing its recommendations, shall assess the extent to which academic and administrative policies and programs currently employed in California's medical schools require modifications to achieve the goal of educational access to health professions for future physicians who are likely to provide health care for all California communities, including those that are underserved; and be it further

Resolved, That the California Postsecondary Education Commission shall consult with representatives of California medical schools, both public and private, educators representing other academic segments, health care professionals, economists, and experts from national associations and research centers for the purpose of determining factors that explain the reasons that health care professionals choose not to practice in underserved communities; and be it further

Resolved, That it is the intent of the Legislature that the California Postsecondary Education Commission, in consultation with the California Research Bureau and the Office of Statewide Health Planning and Development, shall issue a report to the Governor and

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the Legislature containing its findings and recommendations regarding these matters no later than June 30, 1998; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the Governor, the University of California, the California Postsecondary Education Commission, the California Research Bureau, and the Office of Statewide Health Planning and Development.

Appendix B Executive Summary

EXECUTIVE SUMMARY

Although California has an ample supply of physicians overall, these physicians are maldistributed across regions and communities within the state. Over 4 million Californians reside in communities designated as Health Professions Shortage Areas.[1] Physician shortages are a problem for rural communities in California, as well as for inner city neighborhoods with large proportions of racial/ethnic minorities. Physician maldistribution has been a persistent problem in California. Renewed efforts by state and federal government, educational institutions, and private organizations are required to improve physician supply in these underserved communities.

Policies to improve physician supply in needy areas can intervene at three major points in the educational and practice environment:

- **Practice environment strategies**, which attempt to make practice in shortage areas more attractive;
- **Medical education strategies**, which address the educational experiences of physicians-in-training; and
- **Applicant pool strategies**, which target the types of students who enter medical school.

There is evidence that each of these three types of interventions can be effective at accomplishing their objectives, particularly when implemented collectively to form a continuum of interventions. California already has many successful physician workforce programs upon which to build. Policymakers should consider expanding several valuable existing programs and implementing new programs targeted at unmet needs. A unifying theme to policy development in the physician workforce area in California should be prioritization of programs and policies that seek to address the needs of underserved populations in the state for primary care physicians.

We begin with recommendations about policies to intervene at the level of the practice environment. These policies potentially have the quickest "pay off" time in terms of improving physician distribution, because these policies intervene at the point when

[1] Selected Statistics on Health Professional Shortage Areas. Rockville, MD: Bureau of Primary Health Care, Health Resources and Services Administration, USDHHS, 1998

physicians are ready to enter practice. Medical education and applicant pool strategies, in contrast, are targeted toward persons who have not yet completed their education. These strategies are integral to a comprehensive plan but they take longer to yield results.

Our recommendations focus on actions that the California State Legislature and state agencies can take to increase the number of physicians in medically underserved areas. Other organizations such as foundations, educational institutions, professional associations and the federal government are important partners in efforts to address this problem and many of them already make significant contributions. For these organizations, this report offers a guide to setting priorities for funding and program development. The report also informs advocacy regarding federal policies and programs.

A. SHORT-TERM: PRACTICE ENVIRONMENT STRATEGIES

Health service corps programs are a mainstay of efforts to place more primary care physicians in underserved communities. Under these programs, physicians agree to practice in medically underserved communities in exchange for scholarships or repayment of student loans. Although these programs may not be permanent solutions to physician shortages, they clearly provide valuable physician resources for a defined period of placement. Default rates are low, and a large proportion of participants remain in these communities after completing their obligations to these programs. California has traditionally relied mostly on federal funds for service corps programs in the state, and has not committed significant state funds to these programs in the past.

There is also some evidence that state programs that recruit graduating residents for practice in underserved areas can be successful on a smaller scale even without the financial incentives of loan repayment. For example, the California Shortage Area Medical Matching program placed over 105 primary care physicians, nurse practitioners, and physician assistants in full-time positions in medically underserved areas during the program's five-year tenure (1992-96). Some private public partnerships also have promise for improving physician distribution in California.

Recommendations

A.1. The state should resurrect the California Shortage Area Medical Matching Program. Approximately $200,000 annually would facilitate recruitment of approximately 50 primary care physicians per year to positions in medically underserved communities.

A.2. California should provide state dollars to match federal dollars for the National Health Service Corps State Loan Repayment Programs administered by OSHPD. The federal contribution is currently approximately $1million dollars annually. An equivalent annual contribution of $1million from state government would support approximately 25-30 additional physician placements per year.

A.3. The state should also support pilot programs that encourage innovative new activities for National Health Service Corps State Loan Repayment physicians, such as analyzing public health needs in medically underserved communities and developing public health interventions. Approximately $200,000 annually would support pilot programs for 4-5 physicians per year.

A.4. The state should work with the parent institution of the Rural Underserved Provider Opportunity Program to support a four-year pilot effort to implement a locum tenens network in rural California. The network would provide physicians for temporary assignments in rural practices to enable physicians to take vacation or family leave or participate in conferences or other professional development activities. The estimated cost to the state would be $150,000 annually and would be supplemented by fees paid by sites using the service. This level of funding enable the network to serve 50 sites averaging 10 days of locum tenens work year by the end of the fourth year.

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B. MID-TERM: MEDICAL EDUCATION STRATEGIES

Practice environment strategies can be quite successful in meeting immediate needs in underserved communities. However, over the long run, the effectiveness of these strategies is limited because they do not expand the pool of persons predisposed to practice in undeserved areas. Medical education strategies complement practice environment strategies by providing medical students and residents with educational opportunities in underserved communities. These experiences stimulate and reinforce students' and residents' interests in practice in underserved areas and provide them with practical experience with underserved populations. Medical education programs in medically underserved communities also create opportunities for physicians practicing in these communities to serve as clinical faculty, which can make practice in these communities more attractive.

California has several important existing structures for funding and organizing medical education programs, including the Song-Brown Family Physician Training Program and the Area Health Education Centers (AHEC). These programs serve as a logical structure for expanding training programs and developing broadened educational programs to prepare physicians for practice in underserved areas. In addition, several University of California campuses have developed strong medical education programs in underserved communities.

Recommendations

B.1. The state should maintain the Song-Brown Family Physician Training Program. The California State Health Manpower Policy Commission that oversees this program should develop more objective and uniform standards for measuring the success of applicant organizations at placing graduates in underserved communities. Success at meeting these standards should be given greater consideration in award decisions.

B.2. The Song Brown program should receive additional resources to establish a special initiative to fund family practice residency programs to perform outreach and recruitment directed at graduating medical students from underrepresented groups at medical schools throughout the United States. Approximately $125,000-250,000 annually would support this initiative for 25 residency programs.

B.3. The AHEC program should consider ongoing support of programs successfully achieving outcomes, such as increasing medical students' and residents' experience in caring for underserved populations.

B.4. The state should match federal funding to support the Shortage Area Medical Education and Training Program. This program is currently state-administered but federally funded through the National Health Service Corps Fellowship Program with an uncertain future for federal support. The state should provide matching funding to double the program's current budget of $200,000 to $400,000, to serve an additional 100 students.

B.5. OSHPD and the California Health Manpower Policy Commission should convene a special task force on rural medical education that would develop a comprehensive, statewide plan for rural medical education. Approximately $150,000-200,000 should be devoted to the work of this task force.

B.6. California has recently implemented temporary funding for graduate medical education through the Medi-Cal program, and is in the process of studying policy options for a permanent Medi-Cal GME funding mechanism (SB1130). Criteria for distributing Medi-Cal GME funds should include incentives for residency programs to develop and maintain educational experiences that prepare residents to care for underserved populations. All organizations that train medical residents should be eligible for Medi-Cal GME funds, including freestanding clinics and community hospitals.

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C. LONG-TERM: APPLICANT POOL STRATEGIES

Policies that alter the composition of the classes entering medical school have the most delayed effects in terms of affecting the physician workforce serving in shortage areas. However, these policies are critical elements of a comprehensive plan for addressing physician shortage because they increase the number of physicians predisposed to practice in medically underserved communities. The characteristics that students bring to medical school, whether these characteristics are rural upbringing, racial and ethnic identity, or values of public service, are probably the factors most influential in determining a physician's ultimate decision to practice in an underserved community. Minority physicians are much more likely to practice in underserved communities, and physicians who grew up in rural areas are much more likely to return to practice in rural areas after completing their training.

The recent decrease in enrollment of underrepresented minorities in medical schools in California and the US presents new challenges for the ability of the state to train and recruit physicians to serve its neediest populations. California is already one of the most racially/ethnically diverse states in the nation and by the year 2000 no single racial/ethnic group will constitute the majority of the state's population. Between 1995 and 1997, the number of underrepresented minority applicants to University of California (UC) medical schools dropped by 37%. In 1997, only 12% of first-year medical students in UC schools were underrepresented minorities, compared with 21% in 1992. Similar though less pronounced trends are evident in private medical schools in California and in medical schools in other states.[2]

The decline in underrepresented minority matriculants to medical schools in California has not yet been matched by a decline in minority entry into residency training programs in California. Residency application and selection processes may be less sensitive to the recent changes in admissions policies. Alternatively, residency programs may have yet to experience the delayed effect of the reduction in the number of

[2] All statistics cited in this paragraph were provided by the Association of American Medical Colleges (AAMC). The AAMC defines "underrepresented minorities" to encompass African-Americans, Mainland Puerto Ricans, Mexican-Americans, and Native Americans. Other groups composed largely of recent immigrants, such as Central Americans and Southeast Asians, probably are also underrepresented in medicine. However, data about these specific racial/ethnic groups are not available.

underrepresented minority medical school graduates that will soon occur, shrinking the pool of minority applicants to residency programs.

Individuals from disadvantaged backgrounds should be provided opportunities to develop their interest in careers in the health professions and to be competitive applicants for entry into health professions schools. California is in the process of increasing resources for K-12 public schools. In addition, UC schools have recently increased their involvement in science enrichment programs in partnership with local school districts. Under the 1998-99 state budget, funding for UC's K-12 outreach programs is anticipated to increase by over 100%, from $65 million to $135 million.[3]

Without question, these efforts to invest early in the educational process have merit as long-term strategies to increase educational achievement. However, it is not enough to prepare students to enter college. K-12 programs must be matched by renewed investment in educational enrichment programs at the college level that specifically focus on promoting interest and educational achievement in the health professions among disadvantaged college students. There is evidence that these college-level programs effectively increase matriculation of minority students into medical school.

California currently has a number of college-level enrichment programs, funded through a combination of federal government, state government, and private sources. However, tremendous opportunity exists to both enhance existing programs and increase the involvement of more schools in these programs, especially in the California State University system.

Recommendations

C.1. The state should ensure that every campus in the UC, CSU, and community college systems has a comprehensive program in place modeled on the federal Health Careers Opportunity Program (HCOP). Approximately $1million per year would be required to fund a significant augmentation of these programs (e.g., to improve existing programs and expand programs to 6-8 additional campuses).

[3] University of California Office of the President, press release, August 21, 1998.

C.2. The state should create a "health professions opportunity partnership fund" to promote partnerships between these college-level HCOP-type programs and both UC and private medical schools in the state. Approximately $200,000 annually would be sufficient to fund 4-5 programs.

C.3. The state should provide resources to support at least one additional post-baccalaureate program that would provide disadvantaged persons who have applied to medical school unsuccessfully with further education in the sciences and assistance in preparing medical school applications. Approximately $200,000 would be sufficient to fund a new post-baccalaureate program enrolling 20 individuals.

C.4. All medical schools and residency programs in California should have admissions policies that take into consideration the various factors that contribute to physicians' ability to serve the public effectively. Grades and test scores are not the only determinants of successful completion of medical education and effective performance as a physician. Medical school admissions policies must be sufficiently flexible and individualized to take full account of the variety of attributes and life experiences of applicants that may predict a successful career in medicine and future professional contribution to the health of the public. Educational institutions in California, particularly state institutions, must place a special emphasis on considering applicant characteristics that are likely to predict future service to underserved populations in the state. This will require less reliance on quantitative test scores to limit the number of students selected for the interview round of the application process, and greater use of interviews and other qualitative evaluation methods in the selection process.

D. RESEARCH NEEDS

Although some evidence exists that supports the value of various policy interventions to increase physician supply in underserved areas, most policies have not been subjected to rigorous evaluation. Policymakers need better evidence to use as a guide for program planning and prioritization of resources.

Recommendations

D.1. The state should include resources for formal evaluation research as a component of all programs aimed at increasing the supply of physicians in underserved areas.

D.2. The state should fund evaluations of existing programs with priority given to evaluations of types of programs that have not been rigorously evaluated in the past, such as:

- Job matching programs;
- Telemedicine programs and other strategies that address professional isolation;
- Medical education programs aimed at preparing physicians for practice in inner-cities; and
- Enrichment programs for prospective applicants from disadvantaged backgrounds.

CALIFORNIA POSTSECONDARY EDUCATION COMMISSION

THE California Postsecondary Education Commission is a citizen board established in 1974 by the Legislature and Governor to coordinate the efforts of California's colleges and universities and to provide independent, non-partisan policy analysis and recommendations to the Governor and Legislature.

Members of the Commission

The Commission consists of 16 members. Nine represent the general public, with three each appointed for six-year terms by the Governor, the Senate Rules Committee, and the Speaker of the Assembly. Five others represent the major segments of postsecondary education in California. Two student members are appointed by the Governor.

As of April 1999, the Commissioners representing the general public are:

Guillermo Rodriguez, Jr., San Francisco; *Chair*
Melinda G. Wilson, Torrance; *Vice Chair*
Alan S. Arkatov, Los Angeles
Carol Chandler, Fowler
Henry Der, San Francisco
Lance Izumi, San Francisco
Kyo "Paul" Jhin, Malibu
Jeff Marston, San Diego
Vacant

Representatives of the segments are:

Kyhl Smeby, Pasadena; appointed by the Governor to represent the Association of Independent California Colleges and Universities;

Vacant; appointed by the Board of Governors of the California Community Colleges;

Monica Lozano, Los Angeles; appointed by the California State Board of Education;

Ralph Pesqueira, San Diego; appointed by the Trustees of the California State University; and

Ward Connerly, Sacramento; appointed by the Regents of the University of California.

The two student representatives are:
Jacqueline A. Benjamin, Westminster
Darren Guerra, Rancho Cucamonga

Functions of the Commission

The Commission is charged by the Legislature and Governor to "assure the effective utilization of public postsecondary education resources, thereby eliminating waste and unnecessary duplication, and to promote diversity, innovation, and responsiveness to student and societal needs."

To this end, the Commission conducts independent reviews of matters affecting the 2,600 institutions of postsecondary education in California, including community colleges, four-year colleges, universities, and professional and occupational schools.

As an advisory body to the Legislature and Governor, the Commission does not govern or administer any institutions, nor does it approve, authorize, or accredit any of them. Instead, it performs its specific duties of planning, evaluation, and coordination by cooperating with other State agencies and non-governmental groups that perform those other governing, administrative, and assessment functions.

Operation of the Commission

The Commission holds regular meetings throughout the year at which it discusses and takes action on staff studies and takes positions on proposed legislation affecting education beyond the high school in California. By law, its meetings are open to the public. Requests to speak at a meeting may be made by writing the Commission in advance or by submitting a request before the start of the meeting.

The Commission's day-to-day work is carried out by its staff in Sacramento, under the guidance of Executive Director Warren Halsey Fox, Ph.D., who is appointed by the Commission.

Further information about the Commission and its publications may be obtained from the Commission offices at 1303 J Street, Suite 500, Sacramento, California 98514-2938; telephone (916) 445-7933.

RECOMMENDATIONS ON STRATEGIES TO ENHANCE THE DELIVERY OF HEALTH CARE TO ALL CALIFORNIANS

Commission Report 99-1

ONE of a series of reports published by the California Postsecondary Education Commission as part of its planning and coordinating responsibilities. Summaries of these reports are available on the Internet at http://www.cpec.ca.gov. Single copies may be obtained without charge from the Commission at 1303 J Street, Suite 500, Sacramento, California 95814-2938. Recent reports include:

1997

97-9 *Eligibility of California's 1996 High School Graduates for Admission to the State's Public Universities: A Report of the California Postsecondary Education Commission* (December 1997)

97-10 *Eligibility of California's 1996 High School Graduates for Admission to the State's Public Universities -- Executive Summary: A Report of the California Postsecondary Education Commission* (December 1997)

1998

98-1 *A Master Plan for Higher Education in California, 1960-1975* (April 1998)

98-2 *Performance Indicators of California Higher Education, 1997: The Fourth Annual Report to California's Governor, Legislature, and Citizens in Response to Assembly Bill 1808 (Chapter 741, Statutes of 1991)* (April 1998)

98-3 *Fiscal Profiles, 1998: The Eighth in a Series of Factbooks About the Financing of California Higher Education* (December 1998)

98-4 *Student Profiles, 1998: The Latest in a Series of Annual Factbooks About Student Participation in California Higher Education* (December 1998)

98-5 *Toward a Greater Understanding of the State's Educational Equity Policies, Programs, and Practices* (December 1998)

98-6 *The Condition of Higher Education in California, 1998* (December 1998)

98-7 *California Postsecondary Education Commission Workplan, 1999 and Beyond* (December 1998)

98-8 *Performance Indicators of California Higher Education, 1998: The Fifth Annual Report to California's Governor, Legislature, and Citizens in Response to Assembly Bill 1808 (Chapter 741, Statutes of 1991)* (December 1998)

98-9 *Toward a Unified State System: A Report and Recommendations on the Governance of the California Community Colleges* (December 1998)

1999

99-1 *Recommendations on Strategies to Enhance the Delivery of Health Care to All Californians: The Commission's Response to Senate Concurrent Resolution 23* (April 1999)